| In order to be considered as a candidate for the St. Louis | County Open Enrollment |
|--|----------------------------|
| Program, you must provide proof of medical insurance. | Failure to provide medical |
| insurance while attending the Academy may result in dis | smissal. |

| I have read the above statement and I have medical insurance with the | |
|---|--|
| below company. | |
| Name of Insurance Company | |
| Policy Number | |
| Effective Date | |
| Applicnat Printed Name | |

Date

Applicant Signature